

<p style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL</p> <p>(Only for new non-provisional applications under 37 CFR 153(b))</p>	Attorney Docket Number:	PAVT016US1
	First Named Inventor or Application Identifier:	Sayyarodsari, et al.
	Title:	A System and Method of Applying Control to the Control...
	Express Mail Label No.:	EV 417743516 US
<p style="text-align: center;">APPLICATION ELEMENTS</p> <p>See MPEP chapter 600 concerning utility patent application contents.</p>		<p>ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>

 22581 U.S. PTO
10/731596
**ACCOMPANYING APPLICATION PARTS**

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (submitted in duplicate)
2. <input type="checkbox"/> Applicant Claims Small Entity Status
3. <input checked="" type="checkbox"/> Specification: Total Pages: <u>56</u>
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113): Total Sheets: <u>12</u>
5. <input checked="" type="checkbox"/> Oath or Declaration: Total pages: <u>3</u>
a. <input checked="" type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)
i. <input type="checkbox"/> Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. <input type="checkbox"/> Application Data Sheet. 37 CFR 1.76
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | 8. <input checked="" type="checkbox"/> Assignment papers (cover sheet & document(s))
9. <input type="checkbox"/> CFR 3.73(b) Statement (when there is an assignee)
<input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (if applicable)
11. <input type="checkbox"/> Information Disclosure Statement. (IDS)/PTO-1449.
<input type="checkbox"/> Copies of IDS citations
12. <input type="checkbox"/> Preliminary Amendment
13. <input checked="" type="checkbox"/> Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed.)
15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Must attach form PTO/SB/35 or its equivalent.
16. <input type="checkbox"/> Credit Card Authorization for Payment |
|---|---|

17. If a Continuing Application: (check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application No. _____
 Prior application Information: Examiner _____ Group/Art Unit _____

For Continuation or Divisional only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<p>Correspondence Address:</p> <p><u>37,141</u> Customer Number or Bar Code Label:</p>	<p>Correspondence Address:</p> <p>Heinz D. Grether 8911 N. Capital of Texas Hwy., Suite 3200 Austin, Texas 78759 Telephone: 512/ 795-0095 Facsimile: 512/795-9905</p>
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 Heinz D. Grether, Reg. No. 34,111

9 DEC 2003
 Date

22783 U.S. PTO
120903

EL 417743516

<u>FEE TRANSMITTAL</u> (Submit in Duplicate)	<u>Application Title:</u>	A SYSTEM AND METHOD OF APPLYING CONTROL TO THE CONTROL OF PARTICLE ACCELERATORS WITH VARYING DYNAMICS BEHAVIORAL CHARACTERISTICS USING A NONLINEAR MODEL PREDICTIVE CONTROL TECHNOLOGY
	<u>First Named Inventor:</u>	Sayyarrodsari, et al.
	<u>Attorney Docket No:</u>	PAVT016US1

METHOD OF PAYMENT

1. *Deposit Account Authorization*

- a. **XXX** The Commissioner is hereby authorized to charge the filing fee and any deficiencies and credit any overpayments to:
- i. Deposit Account Number: **50-2002**
 - ii. Deposit Account Name: **Pavilion Technologies, Inc.**
- b. **XXX** The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17.
- c. ☐ Applicant Claims Small Entity Status.

2. *Payment Enclosed*

- a. **XXX** Check
- b. ☐ Credit Card
- c. ☐ Money Order
- d. ☐ Other

FEE CALCULATION


Filing Fee Calculation					
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$385	3 x \$ 43 = 129	31 x \$ 9 = 279	0 x \$140 = 0.00	\$0
Other	\$770	0 x \$86 = 0	14 x \$18 = 252	0 x \$290 = 0	\$1022

XXX Total Filing Fee: \$1022

☐ Assignment Recording Fee \$40

☐ Other Fee Payment \$

XXX TOTAL \$1062


Heinz D. Grether, Reg. No. 34,111

12/12/2003 EHAILE1 00000029 502002 10731596
Sale Ref: 00000062 DAH: 502002 10731596
01 FC:1001 770.00 DA
02 FC:1202 252.00 DA

the check